

Examples for Consumers

Total Run Time: 22:13

Dr. Susan Mosier

As Secretary Sullivan said, I'm Susan Mosier and I work with the Kansas Department of Health and Environment. And I'm going to go through a couple of women here and basically go through how KanCare will, what things won't change, what things will change and what things each of these women will need to do with KanCare.

Some of these things that will stay the same (inaudible) is your eligibility, your current services, your Medicaid ID number, your review date, your right to appeal, the MediKan program and the KAN Be Healthy benefits for children.

What will change for everyone in KanCare is KanCare will change the way your benefits are provided to you. Everyone will get a new medical card. And this will be from your Medicaid health plan, which will be either Amerigroup, United or Sunflower. The name of your medical program will change. And Health Wave will become KanCare. Health Connect will also become KanCare. And the old Medicaid program will become KanCare.

Adults will now get some preventive dental care and everyone will get a letter with their new KanCare health plan this fall. Everyone can choose to change to a different KanCare health plan. So, if you're placed in a plan and you find that another plan will work better for you, you will have that opportunity to change.

First woman I'm going to talk about is Sandra. Sandra is 29. She's pregnant and her baby is due after KanCare starts in February 2013. She has a HealthWave medical card and she's being seen by her hometown doctor. How will KanCare change Sandra's services or benefits? In November she'll get a packet about her new KanCare plan and her new managed care provider for January 2013. We'll try to assign her to the plan that we think will work best for her. Sandra will need to read the information, she'll then be able to decide if she was assigned to the plan that is really the best for her and choose another one if she finds another one that is better. She'll have at least until February 2012 [2013] to change to a different plan. When Sandra is choosing which KanCare plan is best for her, she needs to keep these things in mind: is the doctor I want to see in the plan, is the hospital where I want to have the baby in the plan, is the drugstore I use in the plan, and is there a plan with extra services that would be helpful to me. When the baby is born, the baby will be assigned the same plan as Sandra and Sandra will have 45 days to change her newborn's plan once this takes place. Choosing the best plan for you and your family is important. The benefits Sandra is currently getting in Medicaid or HealthWave will not change. In addition, she may have more services in January. KanCare doesn't change her eligibility for Medicaid. She can still get transportation to her medical appointments. And after January 2013, the new plan will provide this service to her.

Next woman is Rosa. And Rosa is the mother of three children and all the children have HealthWave medical cards. So how will KanCare change Rosa's children's services or benefits? In November she'll get a letter and information about her children's new KanCare plan for January 2013. Again, we'll try our best to assign her children to a plan that will work best for them. Rosa will need to read the information. She can then decide if the plan her children are assigned to is the best one for them and she will have until December 31st to make changes to the children's plan for the month of January 2013. She will have until at least February 2013, to change to a different plan for future months. After February 2013, Rosa's

children will not be able to change to a different plan for one year, and then they can change. When Rosa is choosing which KanCare plan is best for her children, she needs to keep these things in mind: is the doctor I want to see in the plan, is the hospital I want to use in the plan, is the drug store I want to use in the plan and is there a plan with extra services that would help me and my children. Again, choosing the best plan for your family is important. The benefits for Rosa's children, the benefits that Rosa's children are currently getting in Medicaid or HealthWave won't change. In fact, they may have more services in January. KanCare doesn't change her children's eligibility for Medicaid. She can still get transportation to and from her children's medical appointments. After January 2013, the new plan will provide this service to Rosa and her children. Rosa will still need to have her case reviewed once a year.

Lizz Phelps

So, first I'm going to tell you about Susan. Susan's 52. She has bipolar disorder. She has COPD. And she has diabetes. Susan gets case management and medication management from her community mental health center. She receives therapy services from a private practitioner in her town. She doesn't have a primary care physician, but she occasionally goes to the health clinic in her town. And she's been hospitalized twice in the last two years to address acute mental health and physical health needs. Okay, that's Susan.

We're going to talk about Patty now, okay? And then we'll go back and pick up Susan. So, are you hearing me okay back there? Yes. Alright. So, Patty is 25. She has two children. Her third child is due in four months. She's unemployed. And she's in a residential treatment center for treatment of her alcohol dependency. Everybody hearing okay? (inaudible) alright. She receives individual counseling and life skills development at that treatment center. She has received no prenatal care with this pregnancy and sees no health care provider at this time.

Now, go forward one. Ugh, one more. So, now we're going to talk about what KanCare will do to the services for both Susan and Patty. It's the same words. I don't want you to read them twice. Okay, ready? So, both Susan and Patty will select...for assisting them to access all the services they need. Now, they're going to get to choose which of those plans. And the choice can be based upon each of their own preferences and also considering what the plans might offer that would meet their individual needs. So, for example, Susan might want to pick a plan that offers caregiver transportation, assistance with her appointments, or health and wellness rewards. Patty might want to pick one that offers healthy pregnancy and baby programs or employment supports or transportation. But the bottom line for both ladies is all of their current services will be available. All of their current providers will be available. And they each will have the added benefits of comprehensive care coordination to help them understand their needs, understand how their conditions affect them, increase the communication between the providers that support them, reduce the impact of their conditions on the quality of their life, reduce the need for hospitalizations for those more intensive services by catching and identifying symptoms early and then access specialty services, including home health services that they may need. Okay, that's all about Susan and Patty. Now, Liz is going to come up and talk to you about other HCBS waiver folks.

Liz Long

So, you'll see some themes definitely developing. As we talk to you, a lot of the needs folks are struggling with are very similar, even if you may receive a different HCBS waiver service. So, that's what I'm going to talk to you about next. And I'm going to start with the intellectual, developmental disability system.

So, um, Bill is 62. He has intellectual, developmental disability. He also has congestive heart failure and high blood pressure and has been smoking all his life. Right now, he's going to day services and he has residential services in his life and a targeted case manager. And they're all from different agencies. And that's fine. That's his choice. He also has a primary care physician that's treating him for his high blood pressure. And he sees him about, at least, every two years. Now, he's been referred to a cardiologist 60 miles away and he typically goes to the hospital once a year for acute bronchitis or pneumonia, respiratory issues. So, the things to know about his waiver services and his developmental disability services, in the first year, all of his medical issues, all of his medical providers are going to go into the KanCare program. However, his day and residential and case management services are not going to be part of that transition. There's a little bit that I'll offer to you about that in just a minute. But, uh, those things are set and not going to go into KanCare for at least a year.

So, I mentioned the pilot project. And I know some of you in the room. And so um, I'll tell you, there's an opportunity if you're interested um, that individuals and community service providers and CDDOs can volunteer to participate with us in a pilot and set the stage for what the DD services and KanCare will look like. And so, if you or your provider are interested in setting, helping us set that, then they can talk to us after the program, talk to us later. Um, we'll be providing more information about that at a later time. So, there's my plug.

Um, the other things you should know about his services are the day, residential case management service providers will stay the same. They'll all be um, the same services he's had before. That, what will change is that he will have an opportunity to choose a KanCare plan, um, for his medical services. And he can evaluate those based on his provider, like his primary care physician or on maybe some of the value added services they may offer. So, the other things I need to tell you about are that he might be eligible for the care coordination that Shawn talked about earlier and they will help wrap around those services and help everyone communicate to enhance his quality of life. So, the cardiologist will be located. He'll get a referral. And we'll make sure we're talking between the cardiologist, they physician, the day and residential services providers, everybody, so we can support Bill to the fullest. They'll also look at the supports that are in his life to help him address some of those early symptoms before he needs to go to the hospital for the bronchitis and pneumonia, so that he's healthier and enjoys his life more.

Okay, now let's see if I can do the clicker. And, what you'll see, these things start to seem repetitive. So, I won't read all of those to you because that's what I just told you. So, we're going to talk about Fred. I will tell you, these are all made up scenarios, just in case anybody recognizes a friend or family member. Um, so, Fred's 41. He's lost his left leg and receives a traumatic brain injury during a tour of duty, uh, in the military. So, he sees a primary physician. He's treating his pain. And he doesn't always remember to take his medication due to his memory loss due to the traumatic brain injury. He's also been screened for um, alcohol addiction and drug addiction. But he's choosing not to go to treatment at this time. So, Fred has traumatic brain injury waiver services, including physical therapy and occupational therapy and cognitive rehabilitation. He has a transitional living skills counselor and attended care to assist him in his home. So, Fred's also going to be offered the choice of a plan. And he'll get to evaluate those based on his providers and the value added services they may be offering, what works best for him. He may decide to choose one plan based on the fact that they're offering some unique employment services, for example. He's also going to be a candidate for care coordination. So, they're going to help him look at his current medical issues and help him understand how some of those things are um, affecting him. They're going to discuss the need for um, addiction counseling. And they're going to work among the community providers he's already receiving. Because, as we already said before, his services and his

providers will remain the same. He also may choose to address the physical and dental services that are provided through the plan.

So, now we're going to look at Kenneth. Kenneth is four. He's been diagnosed with autism disorder and he has food allergies and behavioral challenges. He just began receiving these waiver services. And he has an autism specialist which is like a case manager. And he has intensive individual supports. His family is receiving family adjustment counseling from a local therapist and he can't find an interpersonal communication therapist to assist him with his communications needs. Additionally, he has a doctor and an early education intervention staff person that sees him on a regular basis. So, Kenneth's parents are going to look at the plans and make some decisions about what they think's best for them. They're going to continue to receive the services with the service providers they have currently. And then, the care coordination may help him look at what his care needs are, wrap around those services that he has currently to um, they. They're going to talk. They're going to make sure that all these providers that serve Kenneth are are looking at his needs and trying to address what he needs. That includes the early ed staff person, the allergist and the family therapist, besides his HCBS providers. They're also going to work hard to find him the interpersonal communication therapist that he still hasn't gotten yet.

So, Maggie. Maggie has Junior Huntingtons Chorea. She currently has a feeding tube and has issues with her swallowing and vomiting because of that. And she needs a lot of physical assistance in her life. She's 12. So, she's got a case manager right now and receiving some skilled nurses that come in from a home health agency, attendant service that fill in. and because they choose to have an attendant, they self-direct. They have a financial management service that kind of handles that payroll for them. She also sees the doctor and the gastroenterologist, a GI doctor for the feeding tube. So, once again, you'll see, her parents are going to make some decisions based on what's best for them. Her services are going to continue and the care coordination will be an aspect of her life as well. They're going to talk to her, not only about her current needs, but because this is a degenerative disorder, they're going to talk to her about what her future issues may be. And then, they're, once again, going to wrap around all of those service providers in Maggie's life.

Dave Halferty

First of all, I'm Dave Halferty. And I work for the Kansas Department for Aging and Disability Services. Uh, the first person I'd like to talk to you about is Joan. And again, this is just a profile of a potential member of KanCare. Joan is 78. She fell several months ago and since then, she's had a hard time recovering. She does not have any issues reasoning things out or thinking through daily task. And she does not have any trouble remembering things. Joan prefers to remain in her home, but she needs help with baths, getting in and out of her wheel chair and she also needs help getting dressed in the morning and getting ready for bed at night. Her family is worried about her falling again and Joan has workers who come to her home to help her with some of her daily task and she also wears a person, emergency call button around her neck. So, how will KanCare affect her? So, first of all, Joan will be assigned to one of the three KanCare plans. And then she'll have that 45-day choice period to choose to a different plan if she prefers. She can also work with the Aging and Disability Resource Center to gather information about those managed care plans or other supports and resources she might be able to utilize. Joan's KanCare plan will provide someone to manage all of her care. And the care manager will help Joan select providers to help with her daily task and Joan will continue to receive all of her current services that she needs and might be able to receive some more services that were not available before. That care manager will check often with Joan to make sure she receives the services and help she needs with daily task. The care manager will also help Joan understand the health care and medicine needs that she has. They will help her coordinate and monitor her medical needs. They will help her understand how her

condition affects her everyday life and increase communication between the workers who help her. And if need be, they'll arrange a functional assessment through the ADRC to see if she qualifies for other services. So, that's Joan.

The next example, or profile, is Alice. Alice is 80 and she has diabetes and COPD. And four months ago, she became light headed, fell and hurt her knee. She moved into a nursing home. Alice received therapy at the nursing home to help her recover. She still needs help with some daily activities, like bathing and housekeeping. She also needs help with her medicine. Alice misses her home, but does not think she can live alone, by herself right now. Alice uses her social security benefits to pay for part of her nursing home fees and Medicaid covers the rest. So, how will KanCare affect Alice? Well, again, Alice will be assigned one of the three managed care plans, decide if she wants to stay in the plan she's enrolled in or choose another one. Alice can ask the Aging and Disability Resource Center for information about how managed care plans, about the managed care plans and other supports and services she might utilize. Alice's KanCare plan will again, provide a managed care worker to help her manage her care. Alice will also receive help to meet her goals for healthy living in the nursing home or at home. And the care manager will help her arrange services in her home if she decides to move back.

So, that's the end of our scenarios. Like was said earlier, those were just profiles that we fabricated to try and illustrate for you, what KanCare would mean, how it would change things for individuals, what the process would be that they would go through. There were definitely some central themes that were core to each of those, that were redundant throughout. Again, somebody's assigned. They have 45 days to choose if they want to move to a different plan. The central focus of the whole mission of KanCare though is that care coordination. Again, as it was stated over and over again, that's really what's what's the focus of this, is how can that managed care company help an individual with their needs by bringing that one person that's going to be looking at everything that individual receives.